## Foster Family Home - Corrective Action Report Provider ID: 1-561804 Home Name: Marie Angie Valencia, RN Review ID: 1-561804 94-1128 Halelehua St. Reviewer: Carrie Wakai Waipahu, HI 96797 Begin Date: End Date: 1201/2017 11/29/2017 **Foster Family Home Required Certificate** [17-1454-6] Comply with all applicable requirements in this chapter; and 6.(d)(1)Comment: 6(d)(1) Home visit made for a 3 person CCFFH recertification survey. Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 12/19/2017. **Foster Family Home Background Checks** [17-1454-7.2] Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and 7.1(a)(2)Comment: 7.1(a)(2)-APS/CAN lapsed for CG#1-4; was due on/before 6/22/2017, was completed on 10/19/17. **Foster Family Home Fire Safety** [17-1454-45] The home shall conduct, document and maintain a record in the home, of unannounced fire drills at Different times of the day, evening and night. Fire drills shall be conducted at least monthly under varied conditions and Shall include testing of smoke detectors Comment: No record of fire drill conducted by CG #4. 45

Compliance Manager

Cami Waken Ra

Primary Care Giver

Date /// 29 /17

## Community Care Foster Family Home Written Plan of Correction for Deficiencies

Marie Angelie Valencia 94-1128 Halelehua St. Waipahu, HI. 96797 December 1, 2017

7.1a.2 The primary caregiver understands the importance of keeping up to date APS/Fingerprinting background checks requirements effective today and will keep a check list of due dates on the calendar posted on the refrigerator and or alarm on the phone to prevent any future lapses.

45.b.2. Caregiver # 4, conducted a fire drill as of today, form filed in the binder and will make it certain that all caregivers will conduct fire drills at least once or twice a year for the safety especially for the clients at home.

Marie Angelie Valencia

12/1/2017